

TOWN OF BUCKEYE RIGHT-OF-WAY PERMIT APPLICATION

Applicant:	Date		
Mailing Address:			
City, State & Zip:			
Contact Name:			
Contact Phone:	-	Fax:	
Location:			
Purpose:			
Subcontractor:		License #:	
Completion Date:		Estimated Cost:	
as the insured party or a The Permittee shall pro- that insures the Town of approved by the Town of	adds the Town of Buckeye as an vide a Certificate of Insurance of Buckeye is not less than One	ttee either pocures liability insurance naming the Town of Buck in additional insured to any existing liability held by the Permitt to the Town of Buckeye showing the amount of liability insurate Million Dollars (\$1,000,000). All work is to confirm to the planform to current MAG Specifications and Details. Two (2) sets towal.	nce an:
Signature of Applicant:		Date:	
Buckeye at the location		nt to enter upon and work within the right-of-way of the Town e. This permit shall become void unless authorized work is star pulations listed below:	
By:			
Date:			
Permit Number:			